

**CALIFORNIA WORKFORCE INVESTMENT BOARD
HEALTH WORKFORCE DEVELOPMENT COUNCIL
OCTOBER 5, 2010 MEETING SUMMARY**

I. Opening Remarks and Introduction of Health Workforce Development Council (Council) Members:

Audrey Taylor provided opening remarks. Council members introduced themselves and the organizations they represent.

In attendance were:

Audrey Taylor
Andrea Baker
Kevin Barnett, Dr. PH, MCP
Steve Barrow
Saba Brelvi
Lawrence "Hy" Doyle, Ed.D
for Katherine Flores, M.D.
Diane Factor
Cathy Frey, MHA

Cathy Martin
Cathryn L. Nation, M.D. for John D. Stobo, M.D.
Jose Ortega

Tim Rainey
Bob Redlo
Caryn Rizell
Pedro Salcido for Assemblymember Ed Hernandez
Chad Silva
Abby Snay

Brian Stiger
Sheila Thomas
Zoey Todd for Stephen W. Mayberg, Ph.D.
Kathleen Velazquez
Sid Voorakkara
Linda Zorn for Jose Millan

Not in attendance were:

Terry Bane
Cindy Beck
Roger Dunstan for Senator Elaine Alquist
Martin Radosevich for Assemblymember William Monning

II. Implementing the Patient Protection and Affordable Care Act (ACA) in California

Katie Marcellus, Assistant Secretary of the California Health and Human Services Agency, provided an update on State of California's activities in implementing the ACA including an update on the activities of the Health Care Reform Implementation Taskforce created by Governor Arnold Schwarzenegger.

III. Overview of the Workforce Development Provisions of the ACA and Their Implementation in California

Dr. David Carlisle, M.D., Ph.D., Director of the Office of Statewide Health Planning and Development (OSHPD), provided an overview of the ACA Title V workforce development provisions and their implementation in California, particularly as they relate to grants awarded to California, two California appointments to the National Health Care Workforce Commission (Katherine Flores, MD and Steve Zatkin, JD) and resources available from the Health Care Reform Workgroup to support California-based health workforce grant applicants.

IV. Overview of the Health Workforce Development Council

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Barbara Halsey, Executive Director of the California Workforce Investment Board, provided an overview on how the Council could enable California to have a large, well-trained, culturally competent workforce to meet the burgeoning health and healthcare delivery system needs resulting from the ACA. This presentation discussed the Council's role of advising the Governor's Healthcare Reform Implementation Taskforce on workforce development activities, its relationship to the State Board, and resources and support available to the Council through staff and contractors.

V. Overview of the \$150,000 Affordable Care Act State Health Care Workforce Development Planning Grant (Planning Grant) Awarded to California

Barbara Halsey provided the Council a background on the activities and deliverables of the Planning Grant along with a summary of other ACA health workforce development grants awarded to California by the Health Resources and Services Administration (HRSA).

VI. Council Member Discussion About Their Role

Council members raised several issues and priorities for the State's consideration including the following:

- How will the work of the Council be sustained with the change in Administration? Both Barbara Halsey and Dr. Carlisle responded that the current Administration is preparing to transition the work of the Council to the new Administration.
- California should review what other states are doing to implement their planning grant activities.
- Employer costs associated with expanding the primary care workforce.
- Leverage or align existing health workforce development efforts of the public and private sector and avoid duplication of work.
- A review of alternative delivery systems is needed.
- Multiple areas of priority were discussed including: rural health workforce needs, looking at new models of care, scope of practice reviews, public health services in underserved communities, and understanding the educational pipeline.

VII. Priority Setting for Health Workforce Planning Activities

Before the meeting, Council members received a list of seven questions pertaining to the Planning Grant deliverables. During this portion of the meeting, Council members shared their responses to four of the seven questions.

Q1. Analysis of State labor market information to create healthcare career pathways for students and adults, including dislocated workers:

Existing Labor Market Information –The Council mentioned data resources including the California State Rural Health Association on the need for the Health IT workers, UCSF Center for the Health

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Professions regional forecasts of allied health workers needed, work completed by the Data Workgroup of the California Health Workforce Alliance, government agencies, educational institutions, local workforce investment boards, and that the California Hospital Association is completing a study that will estimate demand for allied health workers in their member hospitals.

Labor Market Data Needs – Council members also discussed data needs including studies on career technical education and adult education systems, for-profit educational institutions, community college waitlists, community health workers, updated community clinic data, data from local workforce investment boards and the need to develop a cross-sector data collection system

Q2. Identify current and projected high demand State or regional healthcare sectors for the purpose of planning career pathways

Barbara Halsey clarified that sectors are defined as larger industry segments. Council members mentioned that the following are current and projected high demand State or regional healthcare sectors:

- Primary care
- Long-term care,
- Gerontology and geriatrics
- Health Information Technology
- Public health
- Mental health
- Alcohol and substance abuse
- Home health

Members of the Council mentioned that demographic data, an understanding of new insurance rules, a study of new models including “medical homes” and other models of integrated health service delivery, and the types of services offered by hospitals in the future are needed to understand which careers will be in high-demand in the future.

Q3. Identify existing Federal, State, and private resources to recruit, educate or train and retain a skilled healthcare workforce and strengthen partnerships.

Known Recruitment, Education and Training Resources – The Council identified the Employment Training Panel, OSHPD, Workforce Investment Act funding, public and private post-secondary education systems, employers, the Health Corps Pipeline Program, J-1 Visa Program, and military assistance programs.

Council members also asked about the amount being spent by public education, private employers, and by the local workforce investment system. Another possible resource is the Food Stamp Education Dollars (F-SED) Program which underwent rule changes that make the program more accessible for the non-county government entities including community based organizations. Council members also identified a California Budget Project study that shows public expenditures on education and training.

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Unknowns – The amount of money that is being spent on health professions recruitment, education and retention by the public and private education systems, by foundations and health employers.

Q4. Describe academic and healthcare industry skill standards for high school graduation, for entry into postsecondary education, and for various credentials and licensure.

Council members expressed concerns about the State’s educational system including articulation, capacity, affordability, access, and the need for alignment between licensing exams with what is being taught. The passage of SB 1440 was raised as a policy issue that may help articulation between the California Community Colleges and the California State University system. Also discussed were the difficulties in recruiting nursing faculty, capacity issues for medical students and residencies, sustaining dental pipeline programs, the need for case managers to help students identify sources of financial aid, family resources and develop their course schedule and the need for discussions between health employers and the education system.

VIII. Next Steps

Barbara Halsey mentioned that the following questions pertaining to the Planning Grant will be discussed at the next Council meeting:

- Describe State secondary and postsecondary education and training policies, models or practices for the healthcare sector, including career information and guidance
- Identify education and workforce data availability and gaps
- Map education and career pathways/supports necessary to supply the health workers needed to increase access to primary care and future demand

Barbara mentioned other next steps which included providing the Council members with draft minutes from the October 5th meeting for approval, uploading presentations given at the meeting. Council members were given the opportunity to email comments not made at the meeting to Moreen Lane. Barbara also noted that the State Board is interested in leveraging currently available resources and that ad hoc committees could be formed that consist of Council members.

IX. Public Comment

Tim Rainey presented the comments of public member Dr. Tom McKay. Dr. McKay expressed the need for more collaboration between health care stakeholders.

Janet Coffman, representing the California Program on Access to Care, is developing a paper on the effects of health reform on health workforce. Ms. Coffman stated that it was important to keep focusing on health workforce data. The California Program on Access to Care is also working with the Medical Board of California to do future surveys of physicians.

In response to Janet Coffman’s statement, the Council discussed AB 1310, which mandated licensing boards to assist OSHPD with the work of Data Clearinghouse. The discussion centered on the

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difficulty of collecting data from the licensing boards which are under the Department of Consumer Affairs. The Council also discussed the difficulty in getting data is that some health professions that do not require certification or licensure. Pedro Salcido mentioned that the estimated cost of creating a comprehensive data collection system from licensing boards is \$1.9 million. Brian Stiger mentioned that there are discussions with the management of licensing boards regarding these data issues.

The Council asked if they would have an opportunity to provide input on the drafting of federal Requests for Proposals (RFP). Dr. Carlisle mentioned that there is a window of opportunity to provide input on federal RFPs and that OSHPD has relationships with HRSA, including representatives of the Region IX Office.

Anne Powell, Senate Office of Research, raised the following issues:

- What are the roles of business and the private health care sector in shaping and formulating a plan to gear up for health care reform?
- The public and private sector need to share responsibility for paying for workers. Ten years ago, in the State of Wisconsin the Governor personally championed health workforce development in Wisconsin.